REPORT - HIPAA 837D to MMIS

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Health Care Claim: Dental							
1000A	*NM1*	*Submitter Name*		*R*					
1000B	*NM1*	*Receiver Name*		*R*					
2000A	*HL*	*Billing/Pay-to Provider Hierarchical Level*		*R*					
2010AA	*NM1*	*Billing Provider Name*		*R*				Use 2010AB-Pay-to-Prov, unless only 2010AA-Billing-Prov is sent	Translation
2010AB	*NM1*	*Pay-to Provider's Name*		*S*					
2000B	*HL*	*Subscriber Hierarchical Level*		*R*				If SBR02="18" use subscriber loop 2000B, skip patient loop, & go to loop 2300, else store loop 2000B for COB & use patient loop 2000C	Electronic COB
2000B	SBR09	Claim Filing Indicator Code	ID2	S				Store for use in 835-CLP06	Match Back
2010BA	*NM1*	*Subscriber Name*		*R*					
2010BA	NM109	Subscriber Primary Identifier	AN80	S	Medical-Claim	RECIP-IDENT-NUMBER	X(14)	If NM108=MI, this is DSHS PIC.	Match Back
2010BB	*NM1*	*Payer Name*		*R*					
2010BC	*NM1*	*Credit/Debit Card Holder Name*		*S*					
2000C	*HL*	*Patient Hierarchical Level*		*S*					
2010CA	*NM1*	*Patient Name*		*R*					
2300	*CLM*	*Claim Information*		*R*					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	CLM05	Facility Type Code	AN2	R	Medical-Claim	PLACE-OF-SERVICE	X(1)	expand to 2 digit and convert to appropriate values	Match Back
2300	DTP03	Service Date	AN35	R	Medical-Claim	FIRST-DATE-OF-SVC_claim_level	9(5)	Match back required	Match Back
2300	REF02	Claim Original Reference Number	AN30	R	Medical-Claim	TCN-TO-CREDIT	9(17)	Store and return in 835	Match Back
2310A	*NM1*	*Referring Provider Name*		*S*					
2310B	*NM1*	*Rendering Provider Name*		*S*					
2310B	REF02	Rendering Provider Secondary Identifier	AN30	R	Medical-Claim	PERFORMING-PROV-NUM	9(10)	Match back required	Match Back
2310C	*NM1*	*Service Facility Location*		*S*					
2320	*SBR*	*Other Subscriber Information*		*S*				Not more than 2 other payers	Electronic COB
2330A	*NM1*	*Other Subscriber Name*		*R*					
2330B	*NM1*	*Other Payer Name*		*R*					
2330C	*NM1*	*Other Payer Patient Information*		*S*					
2330D	*NM1*	*Other Payer Referring Provider*		*S*					
2330E	*NM1*	*Other Payer Rendering Provider*		*S*					
2400	*LX*	*Line Counter*		*R*					
2400	SV301	Product or Service ID Qualifier	ID2	R				Store & send back in 835 SVC01-1	Match Back
2400	SV303	Facility Type Code	AN2	S	Medical-Claim	PLACE-OF-SERVICE	X(1)	expand to 2 digit and convert to appropriate values	Match Back

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	REF02	Line Item Control Number	AN30	R				Store and send back in 835 2110 REF "6R"-provider control number	Match Back
2420A	NM1	*Rendering Provider Name*		S				Store rendering physician at service line level also.	HIPAA Required
2420B	NM1	*Other Payer Referral Number*		S					
2430	SVD	*Line Adjudication Information*		S					

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Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

Column Heading Legend:

"DT" = Data Type

COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)